

**DEPARTMENT OF SOCIAL & HEALTH SERVICES
HEALTH & RECOVERY SERVICES ADMINISTRATION
November 18, 2005**

**SeaTac Marriott
3201 S. 176th Street
Seattle, WA 98188**

Members Attending

Janet Varon
Barbara Malich
Maria Nardella
Chris Jankowski, OD
Claudia St. Clair
Eleanor Owen
Jerry Yorioka, MD
David Gallaher
Kathy Carson
Blanche Jones
Allena Barnes

Members Not Attending

Elyse Chayet
Mark Secord

HRSA Staff

Doug Porter
Debbie Meyer
David Hanig
Jeff Thompson
Roger Gantz
MaryAnne Lindeblad

Approval of the Minutes and Agenda

The minutes for the September 23, 2005, meeting were approved. The agenda for today's meeting was approved as well.

Community Reports

David Gallaher – shared his frustration with his local CSO in getting his Medicaid eligibility re-determination. David Hanig will share Mr. Gallaher's situation with John Clayton, who is the Director for the Community Services Division.

Maria Nardella – Maria told members that DOH will be participating in the Mental Health Transformation Grant.

Maria also said she has been hearing from some providers about rates for formulas that are set below the manufacturer's retail rate. Her understanding is that the state's rates are being changed to Medicare rates, and there are instances where DOH is spending money out of its budget to make up the difference. Maria said she would share documentation on the rates with Dr. Jeff Thompson, who said he'd be happy to talk with Susan Lucas, who oversees the Medicaid rates.

Doug updated the committee on federal issues. The House had trouble getting votes for the cuts recommended by the Bush administration. By in large, however, the cuts called out so far seem unlikely to affect us, although we are still seeking a full explanation for the reductions being calculated for prescription drugs. The only thing we were able to see as a liability is targeted case management for foster care children.

Barb Malich – There are still access problems to specialty care providers. Internal medicine is changing very quickly in local communities. Internists are being "courted" by for profit hospitals.

Janet Varon - She said some dual eligibles are reportedly not receiving letters from CMS about their changing drug benefit. She said it appears that CMS may not have identified all dual eligibles in the state.

Janet said she is a consumer representative on the Certificate of Need Project Committee. DOH runs this program and if the state adds a new hospital, or increases the number of beds at a hospital this committee reviews that information.

She said there have been some glitches in Medicaid coverage. One group of immigrants received termination notices prematurely. Janet and other advocates have been working with the state to fix the problem.

2005 Budget Policy Implementation

Roger Gantz stated there are no clear best practices to reduce Emergency Room usage. We will continue the narcotics review program; and we will be working with four community groups that are working on ER usage.

Jean Du has prepared an executive summary of her ER review. It shows that a small population of frequent ER utilizers account for a large share of ER utilization. Frequent ER users sometimes are drug seekers.

We have identified clients who are taking 10 or more prescription drugs, and we are steering frequent utilizers to our Patient Review and Restriction (PRR) program as appropriate. Prescription histories and ER use is also shared with providers so they can make informed decisions on whether their clients need the prescriptions written.

We are dealing with abuse of the system and hoping that we can get these clients into treatment.

Physician Incentive

Roger handed out the charter for the Physician Financial Incentive Access Workgroup. This workgroup will develop financial incentive options to be considered during the 2007 legislative session. They will develop a set of financial incentive options to promote and sustain physician access to serve the uninsured for Medicaid & Medicare.

Roger requested a representative from the Title XIX Advisory Committee to participate in this workgroup. He will try and do a lot of this through the e-mail environment. This is looking at financial incentives for sustainability in the program. This is not a “pay for performance” initiative. This workgroup will have a very narrow focus.

Healthy Options

There are just a few changes in the 2006 Healthy Options Contract.

CHPW will no longer serve clients in Jefferson and Grays Harbor counties. Clients in Jefferson County will move to fee-for-service, and clients in Grays Harbor will need to select a new plan – either Molina or Regence Blue Shield. These changes will be effective January 1, 2006.

Time was spent to clean up the contract, and it was a successful endeavor.

The plans will see about a 2.5% rate increase.

The plans have a bit of frustration around mental health services. The client needs to get an initial assessment and then receive services through the RSN if the client meets the criteria. If the client doesn't meet the criteria, however, clients are expected to receive the mental health services they need from their managed care plan.

Medicare Part D Update

Earlier this month, 93,000 dual eligibles were supposed to receive letters from the federal Centers for Medicare and Medicaid Services (CMS) stating which drug plan they had been enrolled in.

The Customer Service lines in Olympia are being overwhelmed with calls relating to the Medicare Part D drug plans. HRSA has been referring Medicare clients to the Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine (1-800-562-6900), but the toll-free lines are so overwhelmed that SHIBA HelpLine volunteers often aren't able to call back for up to a week. HRSA has begun referring Medicare clients looking for assistance in selecting a prescription drug plan to 1-800-MEDICARE, the federal hotline, in hopes of getting information to them more quickly.

Upcoming Legislative Session & Budget

Budget: HRSA medical management has prepared a decision package on evidence-based medicine.

On the legislative side for 2006, HRSA and DSHS are not planning any agency-request legislation, but the Governor's health care initiative will include some items that will involve Medicaid programs. These include evidence based medicine; most vulnerable population; information technology; public employee wellness programs; efforts around school-based wellness; efforts around employer-sponsored health care coverage; continued discussions around covering all children and small business assistance.

Agenda-setting for the January 2006 All-day Retreat

Items proposed were:

- Orientation
- Discussing question of what the committee does
- Expectations of HRSA – what does the state want from the committee?
- Devote the whole day to orientation about the nuts and bolts of Medicaid and the organization
- Do a half-day orientation/retreat and then have a regular meeting in the afternoon
- Doug suggested that we have a more thorough community reports discussion.
- Committee members would like to see more ground-level policy discussion